Image# 13944217938 PAGE 1 / 35

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Au	thorized Committee		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, over the lines.	type 12FE4M5	
American Academy of	Family Physicians F	Political Action Cor	nmittee	
ADDRESS (number and street)	1133 Connecticut Avenue,	NW		
Check if different	Suite 1100			
than previously reported. (ACC)	Washington		DC	20036
2. FEC IDENTIFICATION N	UMBER ▼ C	TY▲	STATE A	ZIP CODE ▲
C C00411553		IS THIS REPORT X (N)	OR AN	IENDED
4. TYPE OF REPORT (Choose One)	Report Due On:	H		20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12) (Non-Election
(a) Quarterly Reports:	Ap	r 20 (M4) Jul	20 (M7) Oct	Year Only) 20 (M10) Jan 31 (YE)
April 15 Quarterly Report (0	01)			
July 15 Quarterly Report (0	Q2) (c) 12-Day PRE-Election Report for the:	Primary (12P) Convention (12	General C) Special (
October 15 Quarterly Report (0	Q3)			
January 31 Year-End Report (Y	/E) Elect	ion on) D / Y I Y I Y I Y	in the State of
July 31 Mid-Year Report (Non-electio Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (S	Special (30S)
Termination Report (TER)		ion on	/ Y = Y = Y = Y	in the State of
5. Covering Period 1		through	11 30	2013
I certify that I have examined th	nis Report and to the best of	f my knowledge and bel	ief it is true, correct and	d complete.
Type or Print Name of Treasure	er Hugh M Taylor MD			
Signature of Treasurer Hugh	h M Taylor MD	[Electronically F	iled] Date 12	/ 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, erron	eous, or incomplete information	on may subject the persor	signing this Report to the	ne penalties of 2 U.S.C. §437g.
Office Use				FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: 11 01 2013 To: 11 30 2013

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2013		402087.22
	(b) Cash on Hand at Beginning of Reporting Period	395946.49	
	(c) Total Receipts (from Line 19)	24931.67	372345.49
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	420878.16	774432.71
7.	Total Disbursements (from Line 31)	25163.68	378718.23
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	395714.48	395714.48
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

ributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	13654.67	246103.47
Than Political Committees	13654.67	246103.47
	13654.67	246103.47
(i) Itemized (use Schedule A)	13654.67	246103.47
(ii) Unitemized	11277.00	115001.06
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	24931.67	361104.53
Political Party Committees	0.00	0.00
Other Political Committees	0.00	0.00
	0.00	0.00
•		
	24024 67	361104.53
	24931.07	301104.33
	2.22	0.00
Committees	0.00	0.00
pana Pagaiyad	0.00	0.00
Dans Neceived		7
B	0.00	0.00
	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	3740.96
	7	3740.30
	0.00	7500.00
	0.00	7
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	0.00	0.00
	0.00	0.00
	7	5.00
evin Funds (from Schodula 45)	0.00	0.00
CVIII I GIIGO (IIOIII OCHEGUIE 110)		3.00
otal Transfers (add 18(a) and 18(b))	0.00	0.00
	Political Party Committees Such as PACs)	Political Party Committees

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal	10101 11110 1 01100	Odicinali Teal to Bate
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	663.68	5499.90
(c) Total Operating Expenditures	002.00	5400.00
(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	663.68	5499.90
Committees	0.00	0.00
Contributions to Federal Candidates/Committees		
and Other Political Committees	24500.00	372000.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	3.00	3.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
· ·	, , , , , , , , , , , , , , , , , , , ,	
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1218.33
# N = ## 1 = 1 = 1	0.00	0.00
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	1218.33
(add Lines 20(a), (b), and (c))		
Other Disbursements	0.00	0.00
Fodoral Floation Activity (2.11.5.C. \$421/20))		
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) III ovinii Chara	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	25163.68	378718.23
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	25163.68	378718.23

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	24931.67	361104.53
4. Total Contribution Refunds (from Line 28(d))	0.00	1218.33
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24931.67	359886.20
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	663.68	5499.90
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	3740.96
3. Net Operating Expenditures (subtract Line 37 from Line 36)	663.68	1758.94

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than usin	g the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Famil	y Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) David Orrin Barbe MD Mailing Address 120 W 16th St		Date of Receipt
City	State Zip Code	11 11 2013 Transaction ID : C2486406
Mountain Grove FEC ID number of contributing federal political committee.	MO 65711-1039	Amount of Each Receipt this Period
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) 3. Justin V Bartos MD Mailing Address 4300 Cagle Dr	•	Date of Receipt
Ste 200 City North Richland Hills	State Zip Code TX 76180-8380	Transaction ID : C2498015
FEC ID number of contributing federal political committee.	C 76160-6360	Amount of Each Receipt this Period 42.00
Name of Employer North Hills Family Medicine	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 462.00	
Full Name (Last, First, Middle Initial) Steve Bartz Md Bartz MD	<u> </u>	Date of Receipt
Mailing Address 1939 Pine Ridge Dr		11 25 2013
City Janesville	State Zip Code WI 53545-0777	Transaction ID : C2504100 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Mercy Health System	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)	1292.00
TOTAL This Period (last page this line num	nber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE		7	OF		35
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NAME OF COMMITTEE (In Full)

Name of Employed Receipt For: Occupation Occupation	Full Name (Last, First, Middle Initial)		Date of Date of
Apt 701 City State Zip Code Fort Worth TX 76102-6224 FEC ID number of contributing federal political committee. Self Employed Physician Fleeipt For:			
State Zip Code Transaction ID : C2494478			
Fort Worth FEC ID number of contributing rederal political committee. Coccupation Physician Receipt For: Other (specify) ▼		State Zin Code	
FEC ID number of contributing federal political committee. Name of Employer Self Employed Physician Receipt For: Primary General Other (specify) ▼ State Zip Code Leawood KS 66211-2680 PEC ID number of contributing federal political committee. Name of Employer City State Zip Code KS 66211-2680 Name of Employer University of Kansas School of Medicin Residency Program Director Receipt For: Primary General Other (specify) ▼ 865.00 Full Name (Last, First, Middle Initial) Recid B Blackwelder MD Mailing Address 4407 Leedy Rd 201 Cassel Dr City State Zip Code KS 66211-2680 Full Name (Last, First, Middle Initial) Reid B Blackwelder MD Mailing Address 4407 Leedy Rd 201 Cassel Dr City State Zip Code TN 37664-2117 City State Zip Code TN 37664-2117 FEC ID number of contributing federal political committee. C Cocupation Residency Program Director Recid B Blackwelder MD Mailing Address 4407 Leedy Rd 201 Cassel Dr City State Zip Code TN 37664-2117 City State Zip Code TN 37664-2117 FEC ID number of contributing federal political committee. C Cocupation Residency Program Director Aggregate Year-to-Date ▼ 11 10 2013 Transaction ID: C2485008 Amount of Each Receipt this Period To 2013 Transaction ID: C2485008 Amount of Each Receipt this Period To 2013 Transaction ID: C2485008 Amount of Each Receipt this Period To 2013 Transaction ID: C2485008 Amount of Each Receipt this Period To 2013 Transaction ID: C2485008 Amount of Each Receipt this Period			
Receipt For: Primary General Aggregate Year-to-Date ▼	· ·	C	80.00
Receipt For: Primary General Aggregate Year-to-Date ▼ Cither (specify) ▼ 560.00 Full Name (Last, First, Middle Initial) Date of Receipt	Name of Employer	Occupation	
Receipt For: Primary General Aggregate Year-to-Date ▼	Self Employed	Physician	
Primary General Security			
Full Name (Last, First, Middle Initial) Wendy S Biggs MD Mailing Address 11400 Tomahawk Creek Pkwy City Leawood KS 66211-2680 FEC ID number of contributing federal political committee. Name of Employer University of Kansas School of Medicin Reseight For: Primary Other (specify) ▼ City State Zip Code KS 66211-2680 Cocupation Residency Program Director Receipt For: Primary General Other (specify) ▼ City State Zip Code Aggregate Year-to-Date ▼ Date of Receipt Transaction ID : C2463445 Amount of Each Receipt this Period Date of Receipt Transaction ID : C2463445 Amount of Each Receipt this Period Date of Receipt Transaction ID : C2463445 Amount of Each Receipt this Period Date of Receipt Transaction ID : C2465445 Amount of Each Receipt this Period Date of Receipt Transaction ID : C2465445 Amount of Each Receipt this Period Transaction ID : C2485008 Amount of Each Receipt this Period Transaction ID : C2485008 Amount of Each Receipt this Period Transaction ID : C2485008 Amount of Each Receipt this Period Transaction ID : C2485008 Amount of Each Receipt this Period Transaction ID : C2485008 Amount of Each Receipt this Period Transaction ID : C2485008 Amount of Each Receipt this Period Transaction ID : C2485008 Amount of Each Receipt this Period Transaction ID : C2485008 Amount of Each Receipt this Period Transaction ID : C2485008 Amount of Each Receipt this Period Transaction ID : C2485008 Amount of Each Receipt this Period		Aggregate roal to bate V	
Mendy S Biggs MD Mailing Address 11400 Tomahawk Creek Pkwy City State Zip Code KS 66211-2680 FEC ID number of contributing federal political committee. Name of Employer University of Kansas School of Medicin Receipt For: Primary General Other (specify) ▼ City State Zip Code KS 66211-2680 Amount of Each Receipt this Period Cocupation Residency Program Director Regeipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ City State Zip Code TN 37664-2117 City State Zip Code TN 37664-2117 FEC ID number of contributing federal political committee. City State Zip Code TN 37664-2117 FEC ID number of contributing federal political committee. Cocupation Quillen College of Medicine Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		560.00	
Mailing Address 11400 Tomahawk Creek Pkwy City Leawood KS 66211-2680 FEC ID number of contributing federal political committee. Name of Employer University of Kansas School of Medicin Receipt For: Primary Other (specify) ▼ State Zip Code KS 66211-2680 Amount of Each Receipt this Period Cocupation Residency Program Director Rescipt For: 11		•	Date of Receipt
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Leawood KS 66211-2680 FEC ID number of contributing federal political committee. Name of Employer University of Kansas School of Medicin Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Reid B Blackwelder MD Mailing Address 4407 Leedy Rd 201 Cassel Dr City State Zip Code TN 37664-2117 City State Zip Code TN 37664-2117 FEC ID number of contributing federal political committee. Name of Employer Occupation Professor, Family Medicine Receipt For: Quillen College of Medicine Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period Transaction ID : C2485008 Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID : C2485008 Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID : C2485008 Amount of Each Receipt this Period Transaction ID : C2485008 Amount of Each Receipt this Period Transaction ID : C2485008 Amount of Each Receipt this Period Transaction ID : C2485008 Amount of Each Receipt this Period Transaction ID : C2485008 Amount of Each Receipt this Period	0.1	0111	
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State Zip Code TN 37664-2117	Leawood	KS 66211-2680	Amount of Each Receipt this Period
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University of Kansas School of Medicin Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Bate of Receipt Date of R	Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Below Blackwelder MD Mailing Address 4407 Leedy Rd 201 Cassel Dr City Kingsport FEC ID number of contributing federal political committee. Name of Employer Quillen College of Medicine Receipt Aggregate Year-to-Date ▼ Date of Receipt M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y		·	
Primary General Other (specify) ▼	Receipt For:		
Other (specify) ▼ Setate Zip Code Transaction ID : C2485008		Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Reid B Blackwelder MD Mailing Address 4407 Leedy Rd 201 Cassel Dr City State Zip Code TN 37664-2117 FEC ID number of contributing federal political committee. Name of Employer Quillen College of Medicine Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y		865.00	
Reid B Blackwelder MD Mailing Address 4407 Leedy Rd 201 Cassel Dr City Kingsport FEC ID number of contributing federal political committee. Name of Employer Quillen College of Medicine Receipt For: Primary Other (specify) ▼ Date of Receipt Transaction ID: C2485008 Amount of Each Receipt this Period Tocupation Professor, Family Medicine Aggregate Year-to-Date ▼ 1100.00	Caro. (opoony) 🔻	3333	
Mailing Address 4407 Leedy Rd 201 Cassel Dr City Kingsport FEC ID number of contributing federal political committee. Name of Employer Quillen College of Medicine Receipt For: Primary Other (specify) ▼ Primary Other (specify) ▼ Primary Other (specify) ▼ Primary Other (specify) ▼ Primary Aggregate Year-to-Date ▼ Primary Transaction ID : C2485008 Amount of Each Receipt this Period 100.00			Date of Receipt
City Kingsport State Zip Code TN 37664-2117 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Quillen College of Medicine Receipt For: Primary General Other (specify) ▼ State Zip Code TN 37664-2117 Amount of Each Receipt this Period Amount of Each Receipt this Period Amount of Each Receipt this Period 100.00	•		M = M / D = D / Y = Y = Y
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Name of Employer Quillen College of Medicine Receipt For: Primary Other (specify) ▼ Occupation Professor, Family Medicine Aggregate Year-to-Date ▼ 1100.00	-	IN 37664-2117	Amount of Each neceipt this Period
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Primary General Other (specify) ▼ 1100.00	Kingsport FEC ID number of contributing federal political committee. Name of Employer	Occupation	
Other (specify) ▼ 1100.00	Kingsport FEC ID number of contributing federal political committee. Name of Employer Quillen College of Medicine	Occupation Professor, Family Medicine	
545.00	Kingsport FEC ID number of contributing federal political committee. Name of Employer Quillen College of Medicine Receipt For:	Occupation Professor, Family Medicine	
	Kingsport FEC ID number of contributing federal political committee. Name of Employer Quillen College of Medicine Receipt For: Primary General	Occupation Professor, Family Medicine Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	Kingsport FEC ID number of contributing federal political committee. Name of Employer Quillen College of Medicine Receipt For: Primary General	Occupation Professor, Family Medicine Aggregate Year-to-Date ▼	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using	g the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Famil	y Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) Mott Parks Blair MD Mailing Address 411 E Westbrook St		Date of Receipt
City	State Zip Code	11 30 2013 Transaction ID : C2499867
Wallace FEC ID number of contributing federal political committee.	NC 28466-1514	Amount of Each Receipt this Period 41.00
Name of Employer Vidant Medicine - Greenville, NC	Occupation Physician	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 328.00	
Full Name (Last, First, Middle Initial) Marjorie A Bowman MD Mailing Address 3640 Colonel Glenn Hwy		Date of Receipt
City Dayton	State Zip Code OH 45435-0001	Transaction ID : C2499592 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	200.00
Name of Employer s Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 400.00	-
Full Name (Last, First, Middle Initial) C. Joseph T Burns MD		Date of Receipt
Mailing Address 431 Harwood Dr S		11 11 2013
City Fargo	State Zip Code ND 58103-6132	Transaction ID : C2486426 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Essentia Health Receipt For:	Occupation Physician	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional	ıl) >	341.00
TOTAL This Period (last page this line num	nber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		9	OF		35	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

American Academy of Family Physicians Political Action Comm Full Name (Last, First, Middle Initial) E Chris C Bush MD Mailing Address 8597 Marquette Dr City State Zip Code Grosse Ile MI 48138-1567 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Angela Caffaratti MD Mailing Address 345 Delegate Dr	Date of Receipt 11 26 2013 Transaction ID: C2499271 Amount of Each Receipt this Period 200.00
A. E Chris C Bush MD Mailing Address 8597 Marquette Dr City State Zip Code Grosse Ile MI 48138-1567 FEC ID number of contributing federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Angela Caffaratti MD	11 26 2013 Transaction ID : C2499271 Amount of Each Receipt this Period
City Grosse Ile State MI 48138-1567 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Angela Caffaratti MD	11 26 2013 Transaction ID : C2499271 Amount of Each Receipt this Period
Grosse Ile MI 48138-1567 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Angela Caffaratti MD	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Angela Caffaratti MD	
Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Angela Caffaratti MD	200.00
Self Employed Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00 Full Name (Last, First, Middle Initial) Angela Caffaratti MD	
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00 Full Name (Last, First, Middle Initial) Angela Caffaratti MD	
Primary General Other (specify) Full Name (Last, First, Middle Initial) Angela Caffaratti MD	
Other (specify) Full Name (Last, First, Middle Initial) Angela Caffaratti MD	
. Angela Caffaratti MD	
Mailing Address 345 Delegate Dr	Date of Receipt
	1,1 03 2013 1
City State Zip Code	Transaction ID : C2458939
Columbus OH 43235-1470	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	50.00
Name of Employer MT CARMEL MEDICAL GROUP PHYSICIAN	
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial)	B. (B.)
David Adam Carlyle MD Mailing Address PO BOX 3014	Date of Receipt
2309 Buchanan Dr	11 26 _ 2013 _
City State Zip Code	Transaction ID : C2499289
Ames IA 50010-3014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	1250.00
Name of Employer Occupation	
Family Medicine East Physician	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 2500.00	
SUBTOTAL of Receipts This Page (optional)	

Use separate schedule(s) for each category of the Detailed Summary Page

_	FOR LINE NUMBER:						10	OF		35
(check only one)										
X	11a		11b		11c		12			
	13		14		15		16			17

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NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Committ	ee
Full Name (Last, First, Middle Initial) Lee Marvin Carter MD Mailing Address PO BOX 506		Date of Receipt
City Huntingdon FEC ID number of contributing federal political committee.	State Zip Code TN 38344-0506	Transaction ID : C2499868 Amount of Each Receipt this Period 100.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Susan Archer Chiarito MD Mailing Address 1901 Mission 66	State Zip Code	Date of Receipt 11 16 2013
City Vicksburg FEC ID number of contributing federal political committee.	MS 39180-3711	Transaction ID : C2494477 Amount of Each Receipt this Period 41.00
Name of Employer Mission Primary Care Clinic Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 287.00	
Full Name (Last, First, Middle Initial) Michael J Coulson MD Mailing Address 120 Van Ness Ave City Santa Cruz	State Zip Code CA 95060-4208	Date of Receipt 11 18 2013 Transaction ID: C2497431
FEC ID number of contributing federal political committee.	CA 95060-4208	Amount of Each Receipt this Period 100.00
Name of Employer Self Receipt For: Primary Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	241.00
TOTAL This Period (last page this line numb	per only)	

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	g the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Academy of Famil	y Physicians Political Action Comm	ittee
Full Name (Last, First, Middle Initial) Steven A Crawford MD Mailing Address 900 NE 10th St OU Physicians Family Me City Oklahoma City FEC ID number of contributing federal political committee. Name of Employer University of Oklahoma Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	edicine Cent State Zip Code OK 73104-5420 C Occupation Physician Faculty Aggregate Year-to-Date ▼	Date of Receipt 11 23 2013 Transaction ID : C2498009 Amount of Each Receipt this Period 340.92
Mailing Address PO BOX 609		Date of Receipt 11 26 2013
City Shoshone	State Zip Code ID 83352-0609	Transaction ID : C2499260 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	370.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	
Full Name (Last, First, Middle Initial) C. Kisha Nicole Davis Davis	1	Date of Receipt
Mailing Address 12342 Fellowship Ln		11 20 2013
City North Potomac	State Zip Code MD 20878-3403	Transaction ID : C2497328 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Chase Brexton	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
SUBTOTAL of Receipts This Page (options	al)	740.92
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NAME OF COMMITTEE (In Full) American Academy of Famil	y Physicians Political Action Comm	ittee
Full Name (Last, First, Middle Initial) Elisabeth K Farnum MD Mailing Address 33 Hyland Ave		Date of Receipt
City	State Zip Code	11 26 2013 Transaction ID : C2499533
East Greenwich	RI 02818-2901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Kent Hospital	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	330.00	
Full Name (Last, First, Middle Initial) . Wanda D Filer MD	'	Date of Receipt
Mailing Address 510 Aqua Ct		M = M / D = D / Y = Y = Y
City	State Zip Code	11 02 2013 Transaction ID : C2458903
York	PA 17403-3623	Transaction ID : C2458903 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer	Occupation	_
Strategic Health Institute	Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00	
Full Name (Last, First, Middle Initial) Seth Yawki Flagg MD	1	Date of Receipt
Mailing Address 9129 Bradford Rd		11 08 _ 2013 _
City Silver Spring	State Zip Code MD 20901-4917	Transaction ID : C2482906 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer	Occupation	_
USN	Physicain	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	550.00	
SUBTOTAL of Receipts This Page (optional	1)	415.00
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Full Name (Last, First, Middle Initial) Leslie A Foote MD Mailing Address 16103 Meridian Rd		Date of Receipt
0.1	0	11 26 2013
City Salinas	State Zip Code CA 93907-9140	Transaction ID : C2499590
FEC ID number of contributing federal political committee.	CA 93907-9140	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Roger Neal Fowler MD		Date of Receipt
Mailing Address 4418 Cascades Blvd		11 26 2013
City Tyler	State Zip Code TX 75709-5385	Transaction ID : C2499587 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)		Date of Bookins
Judith A Gravdal MD Mailing Address 1775 Dempster St		Date of Receipt 11 10 2013
City Park Ridge	State Zip Code IL 60068-1143	Transaction ID : C2485028 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation Family Physician	
Advocate Lutheran General Hospital Receipt For: Primary General Other (caseify)	Family Physician Aggregate Year-to-Date ▼	
Other (specify) ▼	300.00	

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NAME OF COMMITTEE (In Full)	DI COLOR DE PER LA COLOR	
American Academy of Family	y Physicians Political Action Commi	ttee
Full Name (Last, First, Middle Initial) 1. James Wesley Guyer MD		Date of Receipt
Mailing Address 3314 Jack Burke Ln		1,1 1,1 2013
City	State Zip Code	Transaction ID : C2486401
Billings	MT 59106-1112	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	1
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	00 0	
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Michael H Hartsell MD		Date of Receipt
Mailing Address 1404 Tusculum Blvd	M = M / D = D / Y = Y = Y	
MOB # 3 Suite 2100	01-1-	11 26 2013
City	State Zip Code	Transaction ID : C2499270
Greeneville	TN 37745-4329	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Summit Medical Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	00 0	
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) C. Daniel J Heinemann MD		Date of Receipt
Mailing Address 1305 W 18th St		11 04 2013
City	State Zip Code	Transaction ID : C2458986
Sioux Falls	SD 57105-0401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	+
Sioux Valley Health Systems	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	1150.00	
SUBTOTAL of Receipts This Page (optiona	l)	830.00
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NAME OF COMMITTEE (In Full)	Physicians Political Action Commit	too
	Physicians Political Action Commit	ı ce
Full Name (Last, First, Middle Initial) David J Hoelting MD		Date of Receipt
Mailing Address 813 Lloyd St		11 06 2013
City	State Zip Code	Transaction ID : C2486318
Pender	NE 68047-5021	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	†
Pender Medical Clinic	Physician	
Receipt For:	Aggregate Year-to-Date ▼]
Primary General	30 0	
Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) Thu Nguyen Howell Howell		Date of Receipt
Mailing Address 2222 Neilson Way		M = M / D = D / Y = Y = Y
Unit 301	State 7:- O. J.	11 22 2013
City	State Zip Code	Transaction ID : C2497926
Santa Monica	CA 90405-2281	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	1
Self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	540.00	
Full Name (Last, First, Middle Initial) a. Abdallah Mohammed Hussein		Date of Receipt
Mailing Address 2714 Amherst Dr		11 262013
City	State Zip Code	Transaction ID : C2499262
Wichita Falls	TX 76308-5261	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Information Requested	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SURTOTAL of Descints This Desc /cetter 15	1	410.00
SUBTOTAL of Receipts This Page (optional)		710.00
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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Committ	tee
Full Name (Last, First, Middle Initial) Tochi I L Iroku-Malize MD Mailing Address PO Box 369		Date of Receipt
City Islip	State Zip Code NY 11751-0369	11 25 2013 Transaction ID : C2504090 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer North Shore LIJ Health System	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) 3. Elvin C Irvin MD Mailing Address 555 E Cheves St		Date of Receipt
City Florence	State Zip Code SC 29506-2617	11 08 2013 Transaction ID : C2508341 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	91.50
Baptist Health Care Receipt For: Primary General Other (specify) ▼	Physician Aggregate Year-to-Date ▼ 908.50	
Full Name (Last, First, Middle Initial) Donald Leland Ives MD Mailing Address PO BOX 440		Date of Receipt
City Ester FEC ID number of contributing	State Zip Code AK 99725-0440	11 16 2013 Transaction ID : C2494476 Amount of Each Receipt this Period
federal political committee. Name of Employer	C	50.00
Self-employed Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)	>	191.50
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federal political committee.

Name of Employer

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) William G Jackson MD Date of Receipt Mailing Address 202 Alcorn Dr 25 2013 City State Zip Code Transaction ID: C2504111 MS 38834-9701 Corinth Amount of Each Receipt this Period FEC ID number of contributing C 365.00 federal political committee. Name of Employer Occupation Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kent Robert Johnson Date of Receipt Mailing Address 29068 Horner Ln 26 2013 11 City State Zip Code Transaction ID: C2499591 Highland CA 92346-7747 Amount of Each Receipt this Period FEC ID number of contributing C

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Receipt For: Primary General Other (specify)	Physician Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Daniel Justin Joyce DO Mailing Address 68 Apple Creek Dr 1028 Saint Andrews Dr Apt City Elgin FEC ID number of contributing federal political committee. Name of Employer Information Requested Receipt For: Primary General	State Zip Code OK 73538-8400 C Occupation Information Requested Aggregate Year-to-Date ▼	Date of Receipt 11 26 2013 Transaction ID: C2499269 Amount of Each Receipt this Period 250.00
Other (specify) ▼	250.00	

Occupation

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865.00

250.00

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D Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Philip Kaplan MD Date of Receipt Mailing Address 4303 Watervale Rd 2013 26 City State Zip Code Transaction ID: C2499283 NY Manlius 13104-8413 Amount of Each Receipt this Period FEC ID number of contributing C 240.00 federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Gregory King MD Date of Receipt Mailing Address 1120 Vail Rd 11 09 2013 City State Zip Code Transaction ID: C2484984 VT 05201-9597 Bennington Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Primary Care Health Partners - VT, LLP Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Don R Klitgaard MD Date of Receipt Mailing Address 1305 Onyx Dr 03 2013 11 City State Zip Code Transaction ID: C2458938 IA Harlan 51537-1543 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 540.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full)	7 - 252 553 553	2
, ,	hysicians Political Action Committe	ee
Full Name (Last, First, Middle Initial) A. Ajoy Kumar MD		Date of Receipt
Mailing Address 749 Nina Dr		11 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2463448
Tierra Verde	FL 33715-2038	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	121.67
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	343.34	
Full Name (Last, First, Middle Initial) James Edward Lacey MD		Date of Receipt
Mailing Address 101 Oak Leaf Dr		11 18 2013
City	State Zip Code	Transaction ID : C2497441
Chestertown	MD 21620-1180	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
CCHS	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Marlene K Lambiaso MD		Date of Receipt
Mailing Address 658 Cayuga Dr		11 06 2013
City	State Zip Code	Transaction ID : C2486303
Winter Springs	FL 32708-5603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	365.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	. 991-09410 1041 10 DAIG ¥	
Other (specify) ▼	565.00	
SUBTOTAL of Receipts This Page (optional)		586.67
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or for commercial purposes, other than usin	g the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Famil	y Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) A. Kevin B Martin MD		Date of Receipt
Mailing Address 2903 219th Ave E		11 14 2013
City	State Zip Code WA 98391-5634	Transaction ID : C2493791
Lake Tapps	WA 98391-5634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Life Care Physician Services	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) 3. Amy Kristen McIntyre MD	'	Date of Receipt
Mailing Address 1140 W Diamond St		11 08 2013
City	State Zip Code	Transaction ID : C2482905
Butte	MT 59701-1404	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33.18
Name of Employer	Occupation	
Butte Community Health Center	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 331.80	
Full Name (Last, First, Middle Initial) D. John S Meigs MD		Date of Receipt
Mailing Address PO Box 289 100 Serendipity Dr		11 26 2013
City	State Zip Code	Transaction ID : C2499288
Brent	AL 35034-0289	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	950.00	
SUBTOTAL of Receipts This Page (optional	al)	158.18
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NAME OF COMMITTEE (In Full)

American Academy of Family	Physicians Political Action Committ	ee
Full Name (Last, First, Middle Initial) Kathleen J Miller MD		Date of Receipt
Mailing Address 9 Oak Ridge Dr		11 18 2013
City Decatur	State Zip Code IL 62521-4661	Transaction ID : C2497452 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Retired	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 730.00	
Full Name (Last, First, Middle Initial) William David Miller MD Mailing Address 4705 Pull attacks		Date of Receipt
Mailing Address 1705 Ballentine Ln	State 7'n Code	11 06 2013
City Columbia	State Zip Code MO 65201-2880	Transaction ID : C2486311 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	480.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) C. Dale C Moquist MD	'	Date of Receipt
Mailing Address 4318 Lake Walk Ct		11 08 2013
City Missouri City	State Zip Code TX 77459-3268	Transaction ID : C2482907 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	90.91
Name of Employer	Occupation	
Retired Receipt For:	Family Physician Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Year-to-Date ♥	
SUBTOTAL of Receipts This Page (optional)) >	935.91

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35 Use separate schedule(s) for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) David R Mullican Date of Receipt Mailing Address 831 S Flores St Ste 1102 2013 26 City Zip Code State Transaction ID: C2499280 TX San Antonio 78204-1427 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Information Requested Information Requested Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mary S Nguyen MD Date of Receipt Mailing Address 5727 Welsch Vw 11 02 2013 City State Zip Code Transaction ID: C2458904 TX San Antonio 78249-3149 Amount of Each Receipt this Period FEC ID number of contributing 35.00 federal political committee. Name of Employer Occupation Medina Valley Family Practice Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) Full Name (Last, First, Middle Initial) c. Joseph Scott Nichols Date of Receipt Mailing Address 313 Scott St 11 20 2013 City Zip Code State Transaction ID: C2497331 MD **Baltimore** 21230-2109 Amount of Each Receipt this Period FEC ID number of contributing 33.18 С federal political committee. Name of Employer Occupation Medstar Franklin Square Med Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 331.80 Other (specify) 318.18 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full)	y Physicians Political Action Comm	
Full Name (Last, First, Middle Initial) Michelle Quiogue MD Mailing Address 2460 Pine St	, y o o o o o o o o o o o o o o o o	Date of Receipt
City	State Zip Code	11202013 Transaction ID : C2497329
Bakersfield FEC ID number of contributing federal political committee.	CA 93301-2742	Amount of Each Receipt this Period 33.18
Name of Employer KP-SCPMG Receipt For: Primary General Other (specify) ▼	Occupation Family Physician Aggregate Year-to-Date ▼ 331.80	
Full Name (Last, First, Middle Initial) Ellen S Reinheimer MD Mailing Address 20 Earlwoode Dr	•	Date of Receipt
City White Plains FEC ID number of contributing federal political committee.	State Zip Code NY 10606-3902	Transaction ID : C2504113 Amount of Each Receipt this Period 100.00
Name of Employer West Med Medical Group Receipt For: Primary Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Robert Chuck Rich MD Mailing Address PO BOX 10 3744 Old Abbottsburg Rd		Date of Receipt 11 20 2013
City Bladenboro FEC ID number of contributing federal political committee. Name of Employer CCNC/LCF Receipt For:	State Zip Code NC 28320-0010 C Occupation Physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 33.18
Primary General Other (specify) ▼	Aggregate real-to-Date ▼	
SUBTOTAL of Receipts This Page (optional	l) >	166.36
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	Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Commi	ttee
Full Name (Last, First, Middle Initial) Flora F Sadri-Azarbayejani DO Mailing Address 427 S Mountain Rd		Date of Receipt
		11 24 2013
City	State Zip Code	Transaction ID : C2498029
Northfield	MA 01360-9684	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	_
Gardner Family Medicine	Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial)	455.00	
Sarah L Sams MD Mailing Address 2994 Frazell Rd		Date of Receipt
City	State Zip Code	11 30 2013
Hilliard	OH 43026-9785	Transaction ID : C2499869 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	122.00
Name of Employer Ohio Health	Occupation	_
Receipt For:	Physician	_
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1076.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 647 Wellesley Dr		11 18 2013
City Claremont	State Zip Code CA 91711-3428	Transaction ID : C2497455 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	+
Self-Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional).	>	272.00
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	2	25	OF	35
(check only one)									
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	the name and address of any political committee t	
NAME OF COMMITTEE (In Full)	- Discontinuo B. 199 - I.A. 19 - E.	
/ American Academy of Family	Physicians Political Action Commit	
Full Name (Last, First, Middle Initial) Aaron Burl Shives MD		Date of Receipt
Mailing Address 350 28th Ave SE		11 01 2013
City	State Zip Code	Transaction ID : C2457458
Watertown	SD 57201-8403	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	36.50
Name of Employer	Occupation	†
Brown Clinic	Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	33 0	
Other (specify) ▼	328.50	
Full Name (Last, First, Middle Initial) 3. Yvonne May Smikle MD		Date of Receipt
Mailing Address 4 Evergreen Ave		11 26 2013
City	State Zip Code	Transaction ID : C2499742
Auburndale	MA 02466-1703	Amount of Each Receipt this Period
FEC ID number of contributing		1
federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	490.00	
Full Name (Last, First, Middle Initial) D. Brent William Smith MD		Date of Receipt
Mailing Address 1505 Palmer Ct		11 25 2013
City	State Zip Code	Transaction ID : C2504114
Dixon	CA 95620-4103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	1
US Air Force	Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	000.00	
Other (specify) ▼	600.00	
SURTOTAL of Receipts This Dags (entional)	386.50
ODDITINE OF NECESPES THIS Page (Optional	······	
TOTAL This Period (last page this line numl	ber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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	the name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
/ American Academy of Family	Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial) Glen R Stream MD		Date of Receipt
Mailing Address 1708 S Martin St		11 19 2013
City	State Zip Code	Transaction ID : C2495900
Spokane	WA 99203-3751	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Rockwood Clinic	physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	00 0	
Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial) 3. Erica Williams Swegler MD		Date of Receipt
Mailing Address 300 N Rufe Snow Dr		11 20 2013
City	State Zip Code	Transaction ID : C2503570
Keller	TX 76248-4235	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.		102.27
Name of Employer	Occupation	
Self	Physician]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	897.71	
Full Name (Last, First, Middle Initial) C. Stacy J Taylor MD		Date of Receipt
Mailing Address 173 E Cotton Hill Rd		11 20 2013
City	State Zip Code	Transaction ID : C2497327
New Hartford	CT 06057-3524	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33.18
Name of Employer	Occupation	1
Charlotte Hungerford Hospital	Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	331.80	
SUBTOTAL of Receipts This Page (optional))	385.45
	<u> </u>	
TOTAL This Period (last page this line numb	ber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	2	27	OF	35
(check only one)									
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	13		14		15		16	;	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using t	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Committ	tee
Full Name (Last, First, Middle Initial) Michael P Temporal MD		Date of Receipt
Mailing Address 180 S 3Rd St Ste 400		11 02 2013
City Belleville	State Zip Code IL 62220-1952	Transaction ID : C2458905 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	84.00
Name of Employer So. Illinois Healthcare Foundation	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 418.00	
Full Name (Last, First, Middle Initial) James O Theis MD Mailing Address 6019 Constance St		Date of Receipt 11 22 2013
City New Orleans	State Zip Code LA 70118-5806	Transaction ID : C2498005 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Self	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Pamela W Tuck MD		Date of Receipt
Mailing Address 4135 Atlanta Hwy		11 30 2013
City Montgomery	State Zip Code AL 36109-3022	Transaction ID : C2499866 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional).	· • • • • • • • • • • • • • • • • • • •	634.00
TOTAL This Period (last page this line number	ər only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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	13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	g the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Famil	y Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) Richard Andre Wherry MD Mailing Address 50 Truck Pa		Date of Receipt
Mailing Address 59 Tipton Dr		11 05 2013
City Dahlonega	State Zip Code GA 30533-1603	Transaction ID : C2459143 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Chestatee Regional Hospital	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) 3. Joseph W Zebley MD Mailing Address 3810 Juniper Rd		Date of Receipt
City	State Zip Code	11 06 2013
Baltimore FEC ID number of contributing federal political committee.	MD 21218-1827	Amount of Each Receipt this Period 250.00
Name of Employer Greenspring Medical Associates	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional	ı) >	500.00
	aber only)	13654.67

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SCHEDULE B (FEC Form 3X)				PAGE 29 OF 35							
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(orlean orni									
	Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b							
Any information copied from such Reports and States or for commercial purposes, other than using the nar	ments may not be sold or u	ised by any persical committee to	son for the purpose of solicit contributions	f soliciting contributions from such committee.							
NAME OF COMMITTEE (In Full)	, 										
American Academy of Family Phys	sicians Political Act	ion Commit	tee								
Full Name (Last, First, Middle Initial)											
A. American Express		Date of Disbursement									
Mailing Address PO Box 53852			11 04								
City	State Zip Code		Transaction ID	- D4E0E22							
Phoenix	AZ 85072-3852	1	Transaction iD	. D130323							
Purpose of Disbursement Bank card processing fee			Amount of Each I	Disbursement this Period							
Candidate Name		Category/ Type		8.13							
Office Sought: House Disburse Senate	ment For: Primary General										
President	Other (specify) ▼										
State: District:											
Full Name (Last, First, Middle Initial) B. American Express			Date of Disburser	mont							
B. American Express											
Mailing Address PO Box 53852			11 12								
City	State Zip Code		Transaction ID	: D150524							
Phoenix	AZ 85072-3852		-								
Purpose of Disbursement Bank card processing fee			Amount of Each I	Disbursement this Period							
Candidate Name		Category/ Type		11.86							
Office Sought: House Disburse	ment For:	, , ,									
Senate	Primary General										
President State: District:	Other (specify) ▼										
Full Name (Last, First, Middle Initial)											
C. American Express			Date of Disburser								
Mailing Address PO Box 53852			11 12								
City	State Zip Code		Transaction	- D150525							
Phoenix	AZ 85072-3852		Transaction ID	. บางของอ							
Purpose of Disbursement Bank card processing fee											
Candidate Name		Category/ Type	Amount of Each I	Disbursement this Period 2.97							
Office Sought: House Disburse	ment For:	Туре		7							
Senate	Primary General										
President	Other (specify) ▼										
State: District:											
SUBTOTAL of Disbursements This Page (optional)		·····		22.96							
TOTAL This Period (last page this line number only)										

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SCHEDULE B (FEC Form 3X)		F05 :	INF NUMBER: PAGE 30 OF 35									
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ITEMIZED DISBURSEMENTS	for each category of the	X 21b	22 23 24 25 26									
	Detailed Summary Page	27	28a 28b 28c 29 30b									
Any information copied from such Reports and Staten												
or for commercial purposes, other than using the name	ie and address of any politic	cal committee to	solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
American Academy of Family Phys	icians Political Actio	on Committ	ee									
<u> </u>												
Full Name (Last, First, Middle Initial)			Date of Disbursement									
A. American Express	American Express											
	<u> </u>											
Mailing Address PO Box 53852			11 14 2013									
011	· · · · · · · · · · · · · · · · · · ·											
,	State Zip Code		Transaction ID : D150526									
Phoenix	AZ 85072-3852		_									
Purpose of Disbursement Bank card processing fee			Amount of Fook Diskursons at this Davied									
			Amount of Each Disbursement this Period									
Candidate Name		Category/	3.25									
000		Туре										
Office Sought: House Disburser												
Senate	Primary General											
President	Other (specify) ▼											
State: District:												
Full Name (Last, First, Middle Initial)												
B. American Express			Date of Disbursement									
			M = M / D = D / Y = Y = Y									
Mailing Address PO Box 53852			11 18 2013									
-												
•	State Zip Code		Transaction ID : D150736									
Phoenix Purpose of Disbursement	AZ 85072-3852											
Bank card processing fee			Amount of Each Disbursement this Period									
Candidate Name			Amount of Lacif Disbursement this Feriod									
Candidate Name		Category/	3.25									
Office Sought: House Disbursen	ant For	Туре	7									
	Primary General											
State: District:	Other (specify) ▼											
Full Name (Last, First, Middle Initial)			Data of Dishara and									
C. American Express			Date of Disbursement									
			M M / D D / Y Y Y Y									
Mailing Address PO Box 53852			11 19 2013									
City	State Zin Code											
City S Phoenix	State Zip Code AZ 85072-3852		Transaction ID : D150737									
Purpose of Disbursement	00012-3002											
Bank card processing fee			Amount of Fook Disharanasat Mrs. Bard 1									
Candidate Name			Amount of Each Disbursement this Period									
Carloidate Name		Category/	3.25									
Office Sought: House Disburser	nent For:	Туре										
Senate Disburser	Primary General											
President	Other (specify)											
State: District:	or (opoonly) ▼											
J.G. Diotriot.												
CURTOTAL of Dishuman words This Days (s. 1)			9.75									
SUBTOTAL of Disbursements This Page (optional)		······	5.1.0									
TOTAL This Period (last page this line number only)												

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 31 OF 35							
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the) (check onl	y one)								
	Detailed Summary Page	X 21b		23 24 25 26 28b 28c 29 30b							
<u> </u>			28a								
Any information copied from such Reports and State or for commercial purposes, other than using the na											
NAME OF COMMITTEE (In Full)											
American Academy of Family Phy	sicians Political Acti	on Commit	tee								
Full Name (Last, First, Middle Initial)											
A. American Express			Date of Disbursement								
Mailing Address PO Box 53852			11	27 2013							
City	State Zip Code		Transact	ion ID : D150738							
Phoenix	AZ 85072-3852		- ITAIISACI	1011 10 1 10130							
Purpose of Disbursement Bank card processing fee			Amount of	Each Disbursement this Period							
Candidate Name		Category/ Type		2.99							
Office Sought: House Disburse	ment For:	,,	1								
Senate	Primary General										
President	Other (specify) ▼										
State: District:											
Full Name (Last, First, Middle Initial)			Date of Di	sbursement							
B. American Express			Date of Di	D D / Y Y Y Y							
Mailing Address PO Box 53852			11	29 2013							
City	State Zip Code		Transact	ion ID : D150739							
Phoenix Purpose of Disbursement	AZ 85072-3852		_								
Bank card processing fee			Amount of	Each Disbursement this Period							
Candidate Name		Category/		7.05							
		Type		7.95							
	ment For:										
Senate President	Primary General Other (specify) ▼										
State: District:	Other (specify)										
Full Name (Last, First, Middle Initial)											
 C. Bank Of America Merchant Service 	es		Date of Di	sbursement							
Mailing Address WA2-505-01-40			11	04 2013							
PO Box 2485											
City	State Zip Code		Transact	ion ID : D150517							
Spokane Purpose of Disbursement	WA 99210-2485		-								
Bank card processing fee			Amount of	Each Disbursement this Period							
Candidate Name		Category/	Amount of	620.03							
Office Sought: House Disburse	ment For:	Туре		020.00							
Senate	Primary General										
President	Other (specify)										
State: District:	, , , ,										
SUBTOTAL of Disbursements This Page (optional).				630.97							
				662.60							
TOTAL This Period (last page this line number only	·)			663.68							

S	CHEDULE B (FEC Form 3X)			EOD LINE N			NUMBER: PAGE 32 OF 35									
	EMIZED DISBURSEMENTS		te schedule(s)			only c				'	, tGL	<u> </u>	<u> </u>			
11	LIVIIZED DISBUNSLIVIENTS		tegory of the	'-		21b [22	X	23	24		25		26		
		Detailed Su	mmary Page		i	27	28a		28b	28	c	29	H	30b		
	y information copied from such Reports and Staten															
or	for commercial purposes, other than using the name	e and addres	s of any politica	al com	mitte	ee to s	solicit co	ntribu	itions	from s	uch c	ommit	tee.			
	NAME OF COMMITTEE (In Full)															
$ \rangle$	American Academy of Family Phys	icians Po	litical Actio	n Co	omr	mitte	e									
<u></u>	Full Name (Last, First, Middle Initial)															
Α.	BARBARA LEE FOR CONGRESS						Date of	f Disk	ourser	ment						
							M M / D D / Y Y Y Y									
	Mailing Address 1736 Franklin Street #550						11	Ш	13	3	2	013				
	City	Stata -	7in Code			_										
	City S Oakland		Zip Code 94612				Trans	actio	n ID :	D150	424					
	Purpose of Disbursement		7.512		_											
	Campaign contributions			1			Amoun	t of E	Each [Disburs	emen	t this	Perio	d		
	Candidate Name			Cate	gorv	,/		-	_	-	-	250	000			
	Rep. Barbara Lee				/pe							2500	J.UU			
		nent For: 201														
	Senate President	Primary Other (specify	General													
	State: CA District: 09	Onler (Specify	') ▼													
_	Full Name (Last, First, Middle Initial)															
В.	CHARLES BOUSTANY JR. MD FO	OR CONG	RESS IN	C			Date of	f Disk	ourser	ment						
				<u> </u>			M M / D D / Y Y Y Y									
	Mailing Address PO Box 80126						11		13			013				
	011	<u> </u>	T 0 1													
	City S Lafayette		Zip Code 70598				Trans	sactio	on ID	: D150	426					
	Purpose of Disbursement		, 5555		_											
	Campaign contribution			1	_		Amoun	t of E	Each [Disburs	emen	t this	Perio	d		
	Candidate Name	andidate Name Category/				/	2500.00									
	Rep. Charles Boustany Jr.				pe '							250	J.UU			
		nent For: 20														
		Primary Other (specify	General													
	State: LA District: 07	outer (specify	7 ▼													
_	Full Name (Last, First, Middle Initial)					$\overline{}$										
C.	FRIENDS OF DAN MAFFEI						Date of	f Disk	ourser	ment						
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	Mailing Address PO Box 74						11		13	3	_ 2	013				
	City	Stata -	Zip Code			_										
	•		13214-0074				Trans	sactio	on ID	: D150	421					
	Purpose of Disbursement			_	-	_										
	Campaign contribution						Amoun	t of E	Each [Disburs	emen	t this	Perio	d		
	Candidate Name			Cate		//			_	-	-	2500	00			
	Rep. Dan Maffei				/pe							2300	,.00	_		
		nent For: 201														
	Senate President	Primary Other (specify	General													
	State: NY District: 24	Caron (apoon)	7 ▼													
Г										_			_	_		
s	UBTOTAL of Disbursements This Page (optional)					•						7500	0.00			
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[т	OTAL This Period (last page this line number only)					•	1 .									

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 33 OF 35
ITEMIZED DISBURSEMENTS	Use separate schedule(s	(check only	one)
	Detailed Summary Page		22 X 23 24 25 26 28a 28b 28c 29 30l
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Any information copied from such Reports and State or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)	ne and address of any pon	tioar committee to	conor communications from such communico.
American Academy of Family Phys	sicians Political Act	ion Committ	200
American Academy of Family First	Sicialis Pullical Aci		ee
Full Name (Last, First, Middle Initial)			
A. DENNY HECK FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 235			11 13 2013
City	State Zip Code		
OLYMPIA	WA 98507		Transaction ID : D150425
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. Denny Heck		Type	2500.00
Office Sought: House Disburse Senate President	ment For: 2014 Primary General Other (specify)		
State: WA District: 10			
Full Name (Last, First, Middle Initial)			
B. DIANA DEGETTE FOR CONGRE	SS		Date of Disbursement
Mailing Address D.O.D. 01007			M = M / D = D / Y = Y = Y
Mailing Address P.O. Box 61337	-		11 13 2013
City Denver	State Zip Code CO 80206		Transaction ID : D150418
Purpose of Disbursement	80200		
Campaign contribution		' '	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Diana DeGette		Type	2000.00
	ment For: 2014 Primary General Other (specify)		
Full Name (Last, First, Middle Initial)			
C. WHITFIELD FOR CONGRESS CO	OMMITTEE		Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address P.O. BOX 391			11 13 2013
City	State Zip Code		
HOPKINSVILLE	KY 42241		Transaction ID : D150420
Purpose of Disbursement			
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. Edward Whitfield		Type	2500.00
Senate President	ment For: 2014 Primary General Other (specify)		
State: KY District: 01			
SUBTOTAL of Disbursements This Page (optional)		·····	7000.00
TOTAL This Period (last page this line number only)		

S	CHEDULE B (FEC Form 3X)			T EOD LINE NI			NUMBER: PAGE 34 OF 35								
	EMIZED DISBURSEMENTS	Use separate			FOR LINE NUMBE (check only one)			OMBEIT.							
11	LIMITED DISBOUSEMENTS	for each cated		(511		21b [22	X	23	24		25		26	
		Detailed Sumr	пагу Раде		-	27	28a	<u> </u>	28b	280	, -	29		30b	
۸.	ny information copied from such Reports and Staten	nente may not h	a sold or use	d by s	any r	nerson		nur	084.0	f soliciti	ng oo	ntrih	ıtiono		
	for commercial purposes, other than using the name	,		,	, ,						_			,	
	NAME OF COMMITTEE (In Full)														
$ \rangle$	American Academy of Family Phys	icians Polit	ical Action	n Co	mr	nitte	.Θ								
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_	Full Name (Last, First, Middle Initial)														
Α.	LARSON FOR CONGRESS						Date of	f Disl	burser	ment					
						_	M M / D D / Y Y Y Y								
	Mailing Address 330 Main Street						11		13	3	_ 20	013			
	City	State 7.	Code			\perp									
	City S Hartford						Trans	actio	n ID :	D1504	22				
	Purpose of Disbursement	06	100												
	Campaign contribution					7	Amoun	t of F	Each I	Disburse	ement	this	Perio	od	
	Candidate Name			0		_							57.10	_	
	Rep. John B. Larson			Cate Ty		'						250	0.00		
	•	nent For: 2014		. y		\dashv			,						
		Primary	General												
	President	Other (specify)	▼												
	State: CT District: 01	- '													
	Full Name (Last, First, Middle Initial)														
В.	YODER FOR CONGRESS						Date of	f Disl	burser	ment					
							M = M	/	D	D /	Y Y	Y	Υ		
	Mailing Address P.O. Box 26742						11		13	3	2	013			
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	,		Code				Trans	sactio	on ID	: D1504	27				
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_	State: KS District: 03														
_	Full Name (Last, First, Middle Initial)														
C.	MICHAEL BURGESS FOR CONG	RESS					Date of	f Disl	burser	ment					
							M = M	/	D			Y	Υ		
	Mailing Address PO Box 2334						11		13	3	20	013			
	City	State 7:-	Codo			+									
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8	SUBTOTAL of Disbursements This Page (optional)]	•						7500	0.00		
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SCHEDULE B (FEC Form $3X$)		T FOR LINE	NUMBER: PAGE 35 OF 35								
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	NOMBER:								
I I LIVIIZED DISDUNSLIVIEN I S	for each category of the Detailed Summary Page	21b	22 🔀 23 24 25 26								
	Detailed Summary Page	27	28a 28b 28c 29 30b								
Any information copied from such Reports and Statem											
or for commercial purposes, other than using the nam	e and address of any political	al committee to	solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)	_	_									
$ \; angle$ American Academy of Family Phys	icians Political Actio	n Committ	ee								
Full Name (Last, First, Middle Initial)		İ									
A. ENZI FOR US SENATE		Date of Disbursement									
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Office Sought: House Disbursem	ent For:	Туре									
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		Category/ Type									
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CURTOTAL of Dishuman and This Days (see 1)			2500.00								
SUBTOTAL of Disbursements This Page (optional)		·····	2555.60								
TOTAL This Period (last page this line number only).			24500.00								